

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000029182

Entity Name: DR AUTO CARE, L.L.C.

**FILED**  
**Apr 28, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

6500 W. COMMERCIAL BLVD.  
LAUDERHILL, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

6500 W. COMMERCIAL BLVD.  
LAUDERHILL, FL 33319

**New Mailing Address:**

FEI Number: 05-0538043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSE, DOUGLAS  
8110 CLEARY BLVD., #1110  
PLANTATION, FL 33324

**Name and Address of New Registered Agent:**

ROSE, DOUGLAS  
16212 SEGOVIA CIRC. SOUTH  
FT. LAUDERDALE, FL 33331

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/28/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: ROSE, DOUGLAS  
Address: 8110 CLARY BLVD. #110  
City-St-Zip: LAUDERHILL, FL 33319

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ROSE, DOUGLAS  
Address: 16212 SEGOVIA CIRC. SOUTH  
City-St-Zip: FT. LAUDERDALE, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DOUGLAS ROSE

MGR

04/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date